Lamont Hunter PCT International Division (703) 305-3688

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

plication or Docket Number

10/049712

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTH												
			(Colui	(Column 1)		(Column 2)		SMALL ENTITY		0	R SMAL	ER THAN LENTITY											
TOTAL CLAIMS								RATI	FEE		RATE												
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE	7,	24010	-											
TOTAL CHARGEABLE CLAIMS			17 1	17 minus 20=		•		X\$ 9:		7	740.0												
IV	IDEPENDENT	CLAIMS		minus 3 =		*		X42=	- 	°		+-											
M	IULTIPLE DEP	NDENT CLAIM	PRESENT	RESENT				A42=	-	- 0	X84=												
*	If the difference	e in column 1 i	s less than	less than zero, enter		*0* in column 2		+140=		O	+280≃	1.											
	• •							TOTAL	-	O	R TOTAL	890											
9.9.0 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OF		R THAN . ENTITY											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE											
	Total	. 18	Minus	** 2	\mathcal{D}	<u> </u>		X\$ 9=		OR	X\$18=	15											
	Independent	<u> </u>	Minus	***	ク	=		X42=	1	OR	\	1_											
<u></u>	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIM			+140=	1	7													
										OR	+280=												
	(Column 1) (Column 2) (Column 3)							VDDIT. FEE	<u> </u>	OR	ADDIT. FEE												
Г		CLAIMS		HIGHE		(Column 3)	_			_													
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL _FEE		RATE	ADDI- TIONAL FEE											
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=												
	Independent	•	Minus	***		=	t	X42=			X84=												
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT (MIAJC	И .				OR	7.042												
							L	+140=		OR	+280=												
				-			ΑĽ	TOTAL DDIT, FEE		OR	TOTAL Addit. Fee												
(Column 1) (Column 2) (Column 3)																							
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**	[=		X\$ 9=		OR	X\$18=												
	Independent	*	Minus	***		=	\vdash	X42=			X84=												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR	^04=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** TOTAL ADDIT FEE												_											
(1	i the "Highest Nur	nber Previousiv Pa	id For IN THI:	S SPACE is le	ace than	3 enter*3 =			ropriate box		The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												